

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	N.A		08/14/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		535	08-27-01
RESPONSE FORMALITY REVIEW	M.D	65	03-13-02

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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373 551 Division